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Montana State Library

BIG SKY BEHAVIORIST

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P.O. Box 4210, Helena, Montana, 59601

Ever have a training related problem where you didn't know what to do? Or, how to do it? Or, where to find out? A situation in which you didn't even want to write the BSB because you needed the answer "RIGHT NOW!!"

Now you can get an answer. The Habilitation and Evaluation Bureau (HEB) of the DD Division has installed a TOLL-FREE HOTLINE. The TOLL-FREE number is



1- 800-332-6123

Q. Who can use the TOLL-FREE HOTLINE, 800-332-6123?

A. The hotline is intended for use by group home and day program staff who could use some information about, or assistance in developing, training programs or procedures. However, anyone who works with developmentally disabled persons may use the hotline.

Q. What kind of information and assistance is the TOLL-FREE HOTLINE planning to provide?

A. Well, for instance, if you'd like some help setting up a training program for any of the self-help skills (toileting, dressing, etc.) you could call and the hotline staff would be able to put you in touch with appropriate procedures or, if necessary, help you design your own to meet your specific requirements.

Q. What about eliminating a problem behavior which is disruptive and getting in the way of a client's community acceptance? Can I call 800-332-6123 about that?

A. Sure. Whenever possible, though, when you call about a specific behavior, please be ready to give us an objective description of the behavior. If you can, a measure of the frequency or baseline level of the behavior will be useful. If you don't know how to do this, we'll tell you how.

Q. OK, so let's say I call your TOLL-FREE 800-332-6123 HOTLINE. How will it work?

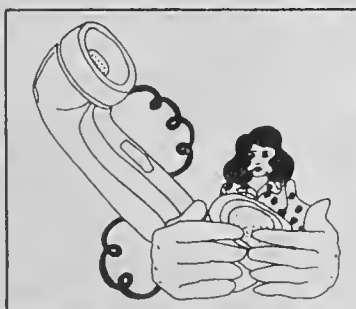
A. Someone will answer, probably a secretary. You will be asked what information or type of assistance you'd like. Then you'll be connected to a staff member. Whenever possible your question will be answered at that time, or at least, the first step toward resolving the problem will be initiated. ALL QUESTIONS will be responded to, either in writing and/or verbally.

Q. One more question. What if I need to know how to write a behavioral objective or an Individual Program Plan (IPP) for an Individual Habilitation Planning meeting? Can you help with that?

A. Sure, just call and try us out.

Q. And the number was 800-332-6123.

A. Right, and it's TOLL-FREE!



TOLL-FREE!

NEW POLICY

The administrator of the Developmental Disabilities Division has recently issued two new policy statements. The "Policy on Clients' Rights" and "Policy on Use of Noxious or Aversive Stimulation" have been sent to each DD regional supervisor and are being distributed by their offices. If you are interested in obtaining a copy of the full text of each, please contact the DD office in your region. To provide readers with immediate information, however, the BSB has summarized each.



POLICY ON CLIENTS' RIGHTS



This policy has been written partially in response to questions regarding just what rights are guaranteed retarded citizens in Montana's DD programs. Further, many questions specifically have dealt with clients' rights regarding treatment programs which might deny rights or privileges as a consequence for certain behaviors.

The policy lists fourteen rights identified at this time but points out that the list is "not necessarily complete, as the delineation of rights is a continually evolving process."

Included in the list are the right to (1) dignity, privacy and humane care; (2) send and receive sealed mail; (3) private telephone communication; (4) receive educational services appropriate to each individual's need; (5) adequate allowances of neat, clean, suitably fitting seasonal clothing; (6) possession and use of personal property; (7) prompt and adequate medical treatment; (8) the opportunity for religious worship and freedom from being compelled to engage in religious activities; (9) freedom from use of corporal punishment; (10) a nourishing, well-balanced diet consistent with special therapeutic diets and religious requirements; freedom from denial of this diet as punishment; (11) regular physical exercise; (12) suitable opportunities for interaction with members of the opposite sex, except where restricted by a professional person for specific reasons and documented in the Individual Habilitation Plan; (13) an individualized habilitation program to maximize abilities and enhance coping with each individual's environment; (14) least restrictive conditions necessary to achieve the individual's habilitation goals.



POLICY ON USE OF NOXIOUS OR AVERSIVE STIMULATION



"Treatment programs involving the use of noxious or aversive stimuli shall be reviewed and approved by a program review board and shall be conducted only with the written consent of the affected client, if the client is able to give such consent, and of his parents, guardian or responsible person appointed by the court.

"Such programs shall be conducted only under the supervision of and in the presence of a Professional Person who has had proper training in such techniques."

For those who aren't sure what would be defined as noxious or aversive procedures or techniques, here are some examples: overcorrection; positive practice, restitution, required relaxation, mechanical restraint, physical restraint, chemical restraint, seclusion time-out, electric shock, aversive tasting and smelling substances, aversive noise, response cost procedures, loss of privileges, withholding of food, delaying of meals, restriction, punishment, use of painful stimuli, fines, verbal reprimands, threats, removal or denial of personal property, denying visitors.

With regard to review and approval by program review boards, it is recognized that some programs are not now in compliance with the policy and will require some time to come into compliance. The intent of the policy is to ensure that treatment programs which involve the use of aversive stimulation procedures are used only when less restrictive methods have been documented as ineffective, only when the program is recommended by a qualified professional, only when actually supervised by a competent professional, and only when a review board has access to the data resulting from such a program. It is hoped that this policy will not only ensure that each client's rights are protected but that all persons involved in the program are protected.

Though the DD Division is currently investigating the establishment of a centralized program review board it is also encouraging the creation of regional and/or local program review boards. Such boards

should include consumers, providers, professionals and others concerned with the delivery of quality programs and services.

(Region I DD Office: 708 Palmer, P.O. 880, Miles City, MT 59301; Region II DD Office: P.O. 6878, Great Falls, MT 59406; Region III DD Office: 1211 Grand Ave., Billings, MT 59101; Region IV DD Office: 25 So. Ewing, Helena, MT 59601; Region V DD Office: 848 Burlington, Missoula, MT 59801)

FAMILY SERVICES



As discussed previously, services are being developed to meet the needs of children and their families to assist in the deinstitutionalization process as well as the maintenance of children in less restrictive environments in their communities. These services which are currently or soon to be available in a variety of levels in different areas provided information which assisted in the development of the next biennium's plans.

A proposal to the legislature would alter the role of the Child and Adolescent Project (CAP). The project would become a major system component renamed Family Services. This relates to one of the four major objectives which were outlined during hearings this week. (See next BSB issue for complete discussion of goals and objectives.) This objective states a system of family services which will be established to assure the deinstitutionalization of all children and youth at Boulder River School and Hospital and to prevent the institutionalization of children and youth currently in the community.

Under this objective were listed the following four points:

1. Complete the movement of children and youth already identified by the Child & Adolescent Project (CAP).
2. Develop appropriate residential alternatives when natural and foster homes are inappropriate for client needs.

3. Extend the capability and availability of family support services.
4. Research and develop the "Extended Family" model of services to natural and foster families.

Point 3, the extension of the capability and availability of family support services, is a portion of this system which has been under recent development. A brief description of types of family support services available somewhere in the state was given to the committee. This included the following information.

1. Family Training: The provision of training and information to a family to assist in the care and development of the family capability to implement programs.
2. Daily Living Training: The provision of training to a child by his natural or foster family. Training includes areas such as toileting, feeding, dressing, household chores, language, leisure time activities and academics in coordination with school.
3. Specialized Training & Behavioral Protheses: The provision of needed specialized equipment to assist a child in the learning of a task.
4. Early Intervention: The provision of center-based training services for children ages 0-5.
5. Rural Habilitation & Treatment Service: Provide professional consultation to Habilitation Planning Teams and Child Study Teams.
6. Respite Care: Includes in-home and out-of-home care by trained staff for children for temporary periods of time in order to relieve natural and foster home parents.

If supported by the legislature in concept and funding, these types of services will be developed as determined necessary by regional councils and staff throughout the state. For further information about specific services available in your area please contact your regional Developmental Disabilities office. Detailed descriptions of programs will appear in future issues.



Coordination for Region IV Family Outreach project. Requires masters degree in Behavioral Psychology, Special Education, Child Development or closely related field with a minimum of two years experience designing and implementing behavioral training programs with developmentally disabled children, and at least one year of administrative/supervisory experience. Previous experience in a home-based parent training program is highly desirable. Initial salary range is from \$13,500 to \$15,500 annually. Send resume, transcript(s) and at least two professional references to: Region IV Family Outreach, 25 South Ewing Street, Helena, MT 59601. Phone (406) 499-3078.



Flathead Industries for the Handicapped is seeking qualified house parents for home for developmentally disabled children. Position available May 1, 1977. Contact: Mike Chaffin, P.O. Box 685, Kalispell, MT 59901. Phone: 755-7656.



A person is needed to provide in-home training for developmentally disabled children and adults in Northeastern Montana. The home trainer will develop training programs in the areas of socialization, cognition, self-help, language and motor skills after assessing the individual's present abilities in these areas. Must be willing to travel in rural areas and able to teach parents how to implement the training programs. We will provide additional training if needed. Contact Sue Rose, Director, Hi-Line Home Programs, 253D Ash, 35L, Glasgow AFB, MT 59231. Phone: (406) 524-3230 or (406) 228-8061.

Contrary to the message of the two letters already received or of the many yet to come, pretension in the newsletter title is manifested by the selection of "Big Sky" and not by the proposition, behaviorist.

Your defense of the choice of a word--indeed, of a point-of-view--is, I realize, necessarily timid; readership is encouraged, controversy is not. However, the use of behavior--behaviorist--behaviorism, the promotion of a concept so clearly rooted in scientific exploration, a concept indeed the product of "Skinnerism" intervention, intervention concomitant with nationwide institutional reform toward humane treatment of persons with problems arising from mental or physical handicaps, should, particularly among those to whom normalization has become the principle rehabilitative by-word, arouse little controversy and even less sentiment.

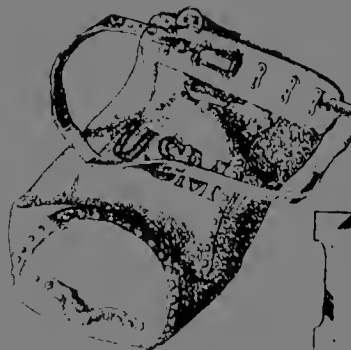
But on those to whom M & M's, baseline, the mere mention of the words reinforcement or contingent, charts and graphs, or the grim visage of a behaviorally trained technician emoting such deathless prose as "Jimmy, pants up." are anathema, the

mantle of humanist, or humanitarian, does not automatically fall. Ironically, however, on SKINNER himself the mantle did fall several years ago when the Kennedy Foundation cited him for his great humanitarian contributions. If not a humanist, then a humanitarian behaviorist.

If I should object to the contents or format of your newsletter, or to the quality of its conception, such objection will not stem from a gut level reaction to the last word in the title, although I confess that I still view "Big Sky" as a bummer.

My letter is signed.

Sincerely,
Keith McIntyre
Helena, MT



MAIL

DEVELOPING and IMPLEMENTING **P**ROGRAMS

DON HORNER



R. Don Horner of the University of Kansas Department of Special Education recently consulted with the Developmental Disabilities Division. One of his workshop Presentations was involved with twenty-one components which are important in the development and implementation of instructional programs. The following is a list of these components.

1. Identification of the behavioral domain.
That is, it is important to identify where in the developmental sequence to begin.
2. Precise definition of the target behavior.
Once the general area of concentration is identified, it is necessary to objectively describe the behaviors to be taught.
3. Rationale for teaching the behavior.
Why should the behavior be taught?
4. Specification of prerequisite behaviors.
What behaviors are necessary before the target behavior can be acquired.
5. Determine the environmental support for the target behavior.
In other words, it does not work to teach a client behaviors that will not be maintained in his natural environment.
6. Determine needed instructional materials.
The trainer must obtain the things he or she will need to carry out the program.
7. Assessment.
Determine to what extent components of the skill are presently intact.
8. Specify Baseline procedure.
9. Task analysis the behavior.
10. Identify the teaching procedure to be used.
11. Antecedent events.
By using natural cues during training, generalization can be maximized later.
12. Consequent events.
Determine which reinforcers will be effective.

13. Specify contingencies for reinforcement.

Normally, training begins with a continuous reinforcement schedule (1 reinforcer for each correct behavior), moves to a 1:2 schedule, alternates with social praise only, and so on.

14. Define what constitutes a training session.

This is often not done and leads to confusion for the trainer and client.

15. Define what constitutes a trial.

It is important to specify when a successful trial has or has not occurred. For example, one trainer might continue to prompt a behavior until it occurs while another might score the trial unsuccessful after one attempt and go on from there.

16. Measurement system.

Determine what to record, i.e., rate, duration, percent, etc.

17. Determine what recording forms to use and what sorts of graphical representations might be used.

18. Probe procedures.

It is important to periodically probe ahead in order to determine what steps may have been acquired through the client practicing on his own, or by some other means.

19. Build in procedures to enhance generalization.

20. Collect data on the use of the program in other settings so it is possible to compare others' progress on the same program.

21. Review other types of programs that are designed to teach the same skill so comparisons can be made in this fashion as well.

[Eds. note: This article was based on notes taken at Don's presentation. Our apologies to him for any omissions or misrepresentations.]

At Last — A Developmental Disabilities Publication!

MENTAL DISABILITY LAW REPORTER

A new quarterly publication, *Developmental Disabilities Now*, has emerged in an effort to close the communications gap in this field and facilitate dissemination of information and ideas on a nationwide basis.

Articles on a variety of topics, some specialized and some of a more general nature, will be presented in a clear, readable way, geared to the entire target population of professionals as well as consumers. *Developmental Disabilities Now* will keep its readers up-to-date on new programs, new approaches, and other resource-oriented activities. The exchange of ideas will be encouraged through strong reader participation.

Some topics in upcoming issues include:

- What do parents and professionals need to know about their due process rights?
- Barriers to the vocational education and vocational training of the severely handicapped.
- "I know you believe you understand what you think I said, but I am not sure you realize that what you heard is not

what I meant." A look at meta-talk and body language as DDN explores the parent-professional communication gap.

- Haptic Perceptual Development — learning through body movement and the tactile system.

The philosophy behind this new publication was expressed by its Editor, Harvey Stein:

What we advocate is that we come together where problems, concerns, and needs are mutual: instead of begging for scraps alone, together we can share the whole meal. What we want to contribute toward is a new spirit of ecumenicism which is now just being kindled. . . .

Subscription orders should be sent to *Developmental Disabilities Now*, 5667 Westcreek Drive Dayton, Ohio 45426. Please enclose a check or money order in the amount of \$10 for a one-year subscription or \$19 for two years (four issues a year). Reader participation is encouraged right from the start — when you order, jot down some topics you want to know more about.



Two workshops, designed to teach participants how to deal with specific behavior problems using music, art, drama and dance, are being offered by Boulder River School and Hospital. Participants can earn two credits per workshop in Recreation/Park Administration 497 from Eastern Washington State College. Each workshop is three days long, from 8:00-4:30. For more information contact: Richard Van Haecke, Staff Development, BRS&H, Boulder, MT. Phone: (406) 225-3311.

A course titled, "Administration and Organization of Special Olympics", PE 280 will be offered this Spring Quarter by MSU's Physical Education Department, on a Pass/Fail basis for one credit. First meeting is on March 30. For further information contact Don Morris, P.E. Dept., MSU, Bozeman.



BSEB

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 Debbie Bushnell



Over fifty persons attended the DDTI RESPITE CARE PROVIDERS WORKSHOP at the EMC Center for Handicapped Children (Feb. 4-5) in Billings. Presentations were made by Jan Hulme, Brenda Lillie, Ron Lukenbill and Nels Sanddal. Mary Lou Sweeney and Harriet Smith helped to answer questions as co-chairmen of the Respite Care Committee, Yellowstone Association for Retarded Citizens. Marilyn Herzog, Respite Care Coordinator, may be contacted at 657-2220 for further information on respite care services in the Billings area.

Affectionately known as the "Cow Capitol of the World", Miles City hosted a DAY PROGRAM/GROUP HOME WORKSHOP at their Community College on Feb. 7-8. Approximately seventeen persons attended, including group home providers, Eastern Montana Industries staff and social workers. DDTI staff made topical presentations and the participants divided into small groups to role-play habilitation planning.



BOARD TRAINING - In response to needs expressed by board members, Gloria Robertson, Region I Community Worker, organized a Board Training Workshop which was held February 12 in Culbertson. Board members representing Day Programs and Group Homes in Sidney and Plentywood attended. Presentations were made by Region I Supervisor Jim Merrigan, and Community Workers Rod Bluechel and Kathy Olsen. Also assisting in the workshop were DDTI staff members Ron Lukenbill and Pete Degel. Topics included basic rights, funding sources, IHP/IPP, program evaluation, and common working problems. Discussions focused on ideas and concerns shared by board members for improving the quality of programs for which they are responsible.

In developing a system to deliver training services to the DD Division and Title XX providers, DDTI has hired regional clinical trainers whose primary functions include identifying regional training needs; providing regional training in response to those needs; establishing training contracts with the Regional DD Supervisors for such training; communicating and coordinating with DDTI core staff to develop procedures for meeting those needs. To date, the following regional clinical trainers are working in all but Region III:

Region I: Pete Degel 708 Palmer, Miles City 59301 Phone: 232-2595

Region II: John Agosta 1818 10th Ave. S., Great Falls 59405 Phone: 453-5951

Region IV: Lorrie Hartman Old St. John's Hospital, Helena 59601 Phone: 449-3736

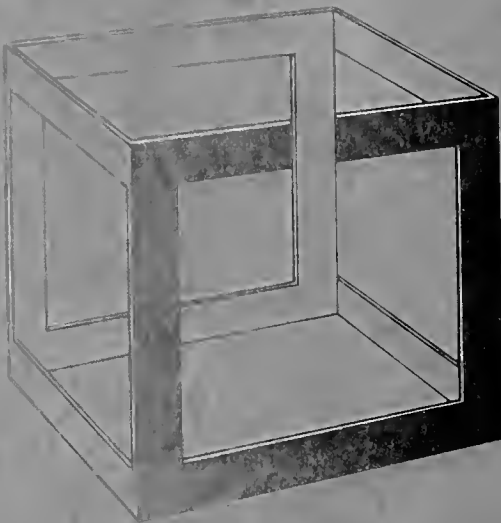
Region V: Jan MacKay 848 Burlington, Missoula 59801 Phone: 721-1560

"Phase B" of the Day Program/Group Home Workshop in Billings is fast approaching. All those who participated in the January 31- February 1 session are reminded to mark their calendars to attend March 7, 8 & 9. Agendas will be mailed before the tide goes out or thereabouts.

It was a banner day last week- the DDTI "Procedures Manual" was published and all those desiring a "first edition" may secure a copy from the Regional Clinical Trainer in their region.

The DDTI Instructional Materials Clearinghouse (IMC) will soon be distributing DESCRIPTOR, a supplement to the DDTI bibliography. This annotated supplement is designed to keep those who use the IMC up-to-date on new materials available on a loan basis, including books, periodicals, films and slide shows. DESCRIPTOR will be mailed to all those who have IMC cards on file. Additional copies may be obtained by contacting DDTI, 508 Power Block, Helena 59601.

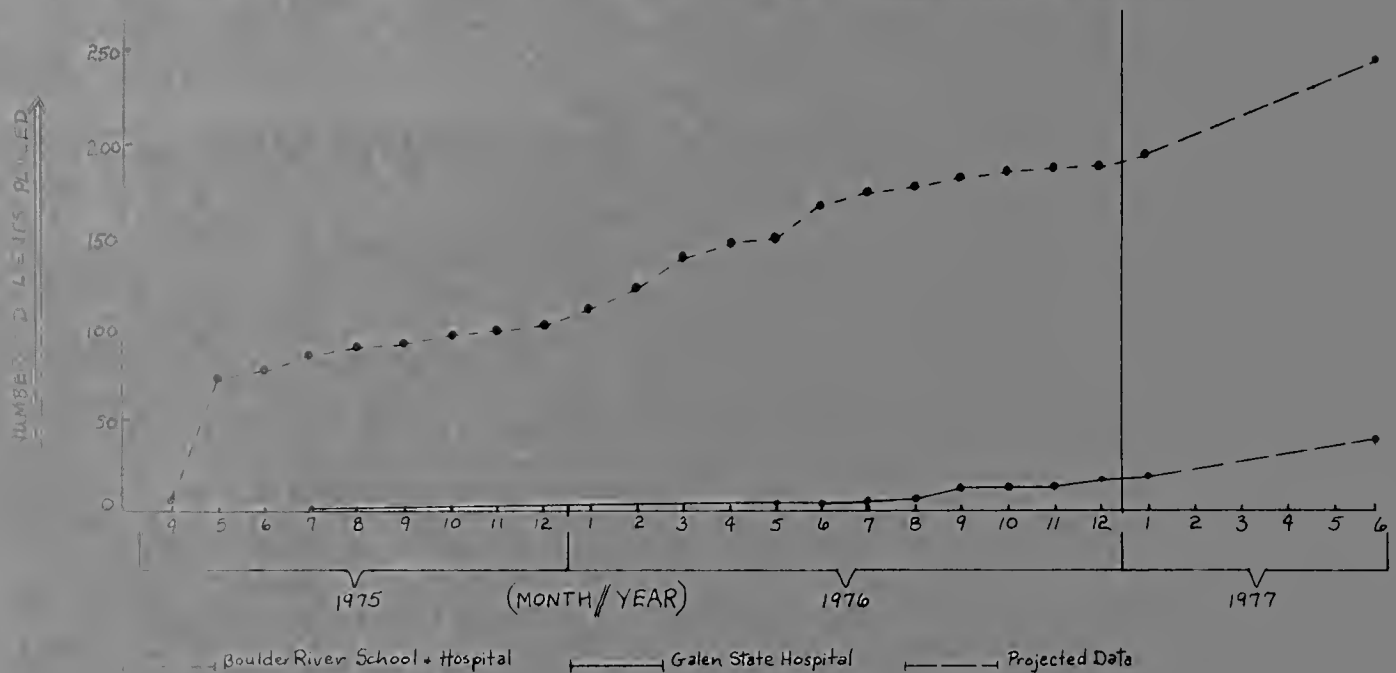
THE STAFF OF DDTI WANTS TO THANK SANDY THOMAS, DAY PROGRAM TRAINER, FOR HER PERSONAL DEDICATION AND CONTRIBUTIONS TO THE DELIVERY OF QUALITY TRAINING THROUGHOUT MONTANA. SANDY RECENTLY RESIGNED FROM DDTI AND MOVED TO CALIFORNIA. WE WISH HER THE VERY BEST!



HOW THE DD MOVEMENT STACKS UP

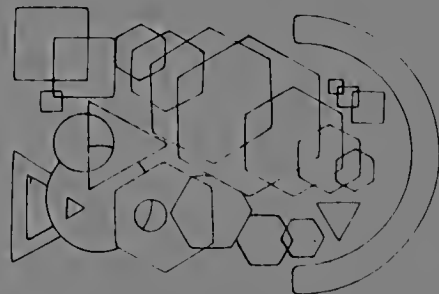
The following information is part of what has been presented to the Montana Legislature as a description of services funded by the Developmental Disabilities Division. Future issues of the BSB will include proposed plans for the future, breakdowns of costs per client and budget figures for the next two years.

The graph below illustrates the rate of placement for clients with developmental disabilities from Boulder River School and Hospital (BRS&H) and Galen State Hospital to local communities in Montana.



The data points after February, '77 are projected based on current rates of placement and the commitments made by the DD Division.

The following table again shows the number of clients placed and projected to be placed as well as the census figures at BRS&H and Galen. (BRS&H population figures are from census reports. Such variables as transfers to other institutions, deaths and new admissions are included in these reports. The Galen population figure of '76 is based on correspondence dated 8/8/75.)



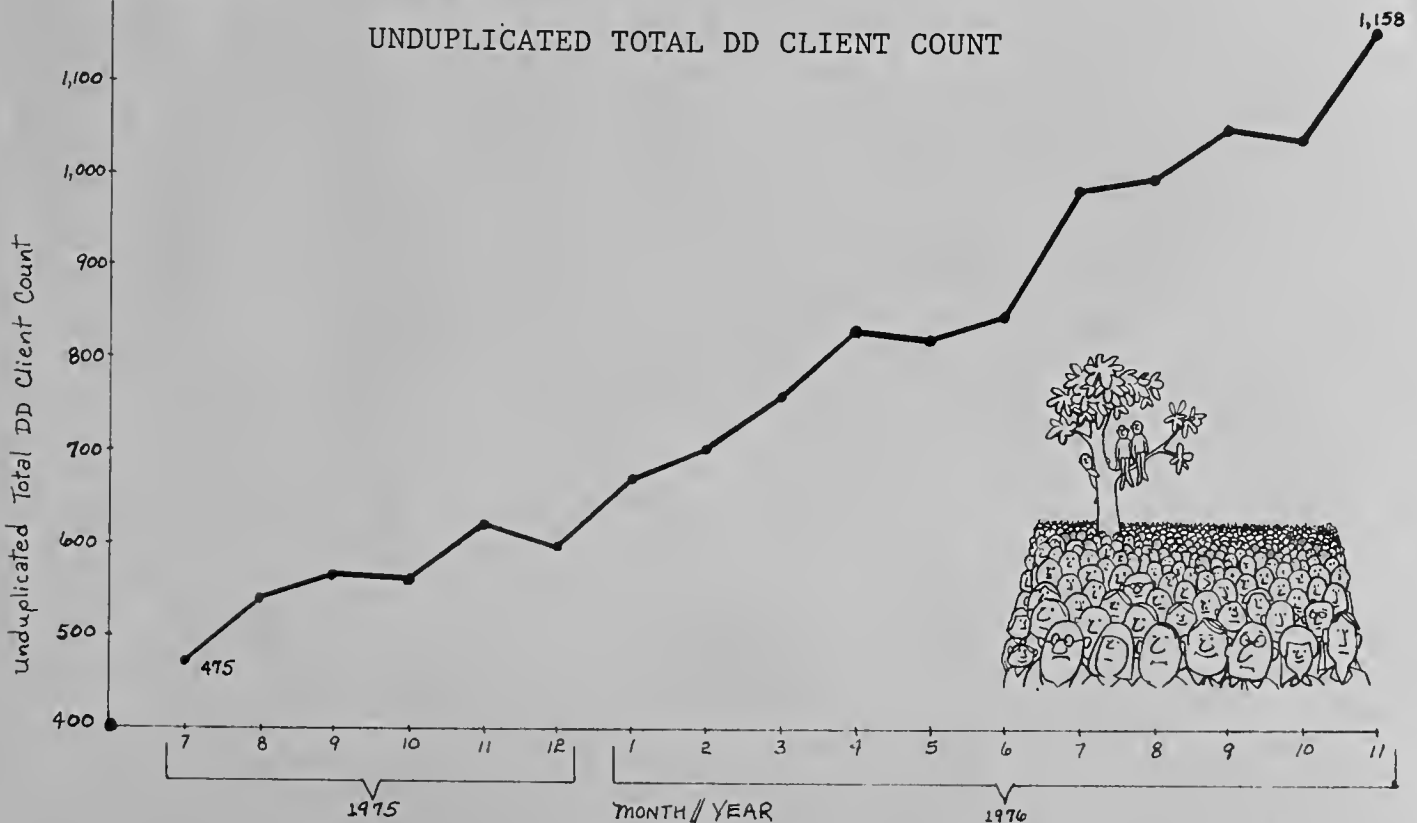
	Census 4/1/75	No. Community Placements 1/15/77	No. Projected Placements 7/1/77	Projected Census 7/1/77
BRS&H	478	194	246	232
Galen	76	21	41	35

A Guide to Services for Persons Who Are Developmentally Disabled is now available from the Regional Council of Region III. The guide specifies all contracted and generic services, relating to Developmental Disabilities, available to persons residing in Region III. The guide also lists services throughout the state that are available to all people, regardless of what region they reside in. The format indicates services provided, eligibility requirements and contact procedure.

Anyone desiring a copy of the Guide should contact the Region III DD Council, 1211 Grand Avenue, Billings, MT 59102. There is a charge of \$3.50 per copy. Anyone purchasing a Guide will be listed as a subscriber and will receive an annual update of information.

Production and printing was funded through a 1976 DDSA Grant.

Because multiple services are available for DD clients it has been difficult in the past to count the total number of clients being served. The same client name can receive several different services and a simple count from the bills results in duplication. Unduplicated counts are now available and the total numbers of clients served in DD programs between July 1, 1975 and December 1, 1976 appear in the figure below. A simple linear regression performed on the above data indicates a growth rate of approximately 34 clients a month.



That's what has been done and what has been projected in terms of placement from institutions. The following table illustrates the distribution of the personnel of private, non-profit provider organizations who have helped accomplish it.

	<u>Administration</u>	<u>Support</u>	<u>Direct Services</u>	<u>Total</u>
Region I	5	14	47	66
Region II	9	38	108	155
Region III	3	18	70	91
Region IV	10	29	96	134
Region V	8	26	87	121
Total	35 (6%)	125 (21%)	408 (73%)	568 (100%)

The table below indicates the growth of DD funded programs in the current biennium as of 2/1/77. It does not indicate operating programs not funded by DD (i.e., 14 group homes funded through other sources).

	<u>Pre-'75</u>	<u>'75-'77</u>	<u>Total</u>	<u>% of Development During Current Biennium</u>
Group Homes-Adult	7	33	40	82%
Group Homes-Children	0	2	2	100%
Semi-Independent	0	8	8	100%
Respite	0	10	10	100%
Vocational	17	17	34	50%
Transportation	14	25	39	64%
Natural Parent Training	0	5	5	100%
Other	0	10	10	100%

